

**Application Data Sheet**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: YES

Computer Readable Form (CRF)?:: YES

Number of copies of CRF:: 1

Title:: Diagnostics and Therapeutics For Diseases  
Associated With Endothelial Differentiation,  
Sphingolipid G-Protein-Coupled Receptor 6 (EDG6)

Attorney Docket Number:: 004974.01070

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:: 0

Total Drawing Sheets:: 7

Small Entity?:

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefan  
Middle Name::  
Family Name:: GOLZ  
Name Suffix::  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Buckmannsmuhle 46  
City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Ulf  
Middle Name::  
Family Name:: BRÜGGEMEIER  
Name Suffix::  
City of Residence:: Leichlingen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Leysiefen 20  
City of mailing address:: Leichlingen

State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name::  
Family Name:: GEERTS  
Name Suffix::  
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State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schuckerstr. 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

#### **Correspondence Information**

Correspondence Customer Number:: 22907

#### **Representative Information**

Representative Customer Number:: 22907

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/002731	17 March 2004

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03006846.4	28 March 2003	YES

**Assignee Information**

Assignee name:: BAYER HEALTHCARE AG  
Street of mailing address::  
City of mailing address:: Leverkusen  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: D-51368